## STATE OF CALIFORNIA TRAVEL EXPENSE CLAIM

See Instructions and \*Privacy
Statement on Reverse Side

OL 64544	17710 11414							Page		of	1	Pages				
CLAIMANT'S NAME Phyllis W. Cheng						SSAN OR EMPLOYEE NUMBER*					DEPARTMENT DFEH					
POSITION CB/ID NUMBER						DIVISION OR BUREAU							INDEX NUM	IDED		
Director Exempt					Execu							INDEX NOW	IBEK			
RESIDENCE ADDRESS*						JARTERS	ADDRES	S	*****************	1		···	TELEPHON	E NUMBER		
					2218 F	Drive						916-478				
CITY STATE ZIP CODE					CITY		***************************************	STATE	~	**************************************	T	ZIP CODE	10 10 470	1200		
		CA CA			Elk Gr	ove		CA				95758				
(1)NONT	H/YEAR	(3)	(4)	(5)	MEALS	-	(6)			PORTATIO	Ν		(8)	(9)		
June 2	009	LOCATION				0.T., L/T		(A)	(B)	(C) CARFARE	(D)		BUSINESS	TOTAL		
(2)	,	WHERE EXPENSES	LODGING	BREAK-		N/C RELO	INCIDEN	COST OF	TYPE	TOLLS,	PRIVATE	CAR USE	EXPENSE	EXPENSES		
DATE	TIME	WERE INCURRED		FAST	LUNCH	OR DINNER	TALS	TRANS	USED	PARKING				FOR DAY		
06/26	1730	Sacramento/Burbank							A		MILES	AMOUNT				
06/29	0700	Burbank/Oakland	117.83		10.00	18.00			TA A	4.50				450.00		
06/30		Oakland	117.83			18.00	6.00		sc	4.50				150.33		
07/01	0800	Oakland/Sacramento	117.00	6.00		10.00	0.00		SC	4.00				157.83		
01,01	0000	Cartanaraaaramento		0.00					130	4.00				10.00		
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								Gerran de Maria de M		***************************************						
	<del>" " " " " " " " " " " " " " " " " " " </del>						3		-							
							·		-							
		Million (in the description of the contract of						***************************************	-					-		
(10)	SUBT	DTALS	235.66	12 00	20.00	36.00	6.00			8.50				240.40		
		DE (ACCTG USE ONL)		12.00	20.00	00.00	0.00			6.50				318.16		
		TOTAL	<del></del>			L	<del>-</del>		LL	i			\$	318.16		
(11) PUR	POSE C	F TRIP, REMARKS AND DE	TAILS (att	ach recei	pts/vouch	ners whe	n requir	∋d)			(12) NC	DRMAL W	ORK HOUF			
All airfa	re paid	by employee at her own	private e	expense	· · · · · · · · · · · · · · · · · · ·	O-111111111111111111111111111111111111	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				0-1700				
	~~~~	ce meetings				The state of the s	<del></del>	7-77-F-497-6					HICLE LIC	ENSE NBR.		
6/29-7/ <sup>.</sup>	1: Pres	entations at EEOC Oak	land Sen	ninar ar	nd at Te	emple E	eth Ab	oraham				TW241				
(\$4 toll	bridge)		all the control of th								(14) MILEAGE RATE CLAIMED					
······································	elini dilagrama peda mash					×1000000000000000000000000000000000000						.55				
				**************************************	******************************		****				AGEN			IG OFFICE		
				***************************************									SE ONLY			
15) I HE	PERV C	EPTIFY That the above is a t	ruo atatam	ant of the	though a				managanahanan		PAID BY	REVOLVIN	IG FUND CH	ECK NBR.		
vith DPA	rules in	ERTIFY That the above is a t the service of the State of Ca	lifornia. If a	a privatel	v owned.	penses i vehicle w	ncurrea /as usea	by me in a	leage	ance						
exceed th	e minimi	um rate, I certify that the cost	of operating	ng the vel	hicle was	equal to	or grea	ter than the	e rate o	claimed.						
and that I	have me	et the requirements as prescr	ibed by SA	M Sectio	ns 0750,	0751, 07	52, 075	3 and 075	4 perta	ining to						
	***	seat belt usage.														
AAMIAL	T'S SIG	NATURE	DAŢE.		16) SIGNA	TURE OF	OFFICE	R APPROV	ING TR	AVEL AND	PAYME	NT	DATE			
길 📢			8/18/	3 R								-	0/1/	' ለ C		
17 \CDE		XPENSE AUTHORIZATION		, ,	ITIT bas	E /200	Itom 1	7 00 0000			SALVANOSAN SALVANAS		9/// DATE	7		

## STATE OF CALIFORNIA TRAVEL EXPENSE CLAIM

See Instructions and \*Privacy Statement on Reverse Side

	STD	262 (REV 6/93)			Statem	en on K	everse c	oiue			***************************************	***************************************					
CL ADAA	NITIC NIAN	A.T.			-					Page		0	f 1	Page			
CLAIMANT'S NAME  Physics VV. Chong											PARTMENT						
Phyllis W. Cheng Position   CB/ID NUMBER					DFI												
				DIVISION OR BUREAU								INDEX NU	MBER				
Director Exempt RESIDENCE ADDRESS*				Executive						~~~~							
				HEADQUARTERS ADDRESS								TELEPHONE NUMBER					
CITY STATE ZIP CODE				2218 Kausen Drive							ZIP CODE	916-478-7250					
		CA 4		<b>a</b>	Elk Gr	OVE		CA				95758					
(1)MONT	H/YEAR		(4)	(5)	MEALS		(6)	<del>~</del>	RANS	PORTATIO	)N	93/36	(8)				
July 2	009	LOCATION				O.T., L/T.	1	_(A)	(B)	(C)	. (D)	······································		(9			
(2)		WHERE EXPENSES	LODGING	BREAK-			INCIDEN-	COST OF	TYPE	TOLLS,	PRIVATE	E CAR USE	BUSINESS	TOTA			
DATE	TIME	WERE INCURRED		FAST	LUNCH	OR	TALS	TRANS	USED	1		CAR USE	EXPENSE	EXPENSE FOR DA			
07/01		Sacramento/Burbank				DINNER		ļ	<del> </del>		MILES	AMOUNT	-				
07/06	1000	Los Angeles				<del> </del>			A	<b> </b>							
07/07	0710	Burbank/Sacramento			<del> </del>	<del> </del>	-		В	<b> </b>							
07/09	-	Sacramento/Burbank				ļ			-			ĺ					
07/13		Los Angeles			<u> </u>	-			I A								
07/14		Burbank/Sacramento			<del> </del>				В								
07/15	<del></del>	Sacramento/San Jose	105.00		ļ	40.00			A		-						
07/16	0730	San Jose/Oakland	105.36	0.00	45.00	18.00	<del> </del>		SC		ļ			123.36			
07/16	1840	Oakland/Burbank		6.00	10.00		6.00		SC					22.00			
07/20	1040	Los Angeles							A								
07/21		Los Angeles							ļ								
07/22		Los Angeles/Anaheim							<u> </u>								
07/23		Los Angeles		<del></del>	-				PC	14.00	59	32.45		46.45			
07/27	0825	Burbank/Sacramento				***************************************			В								
01121	0020	Durbank/Sacramento							Α								
								·									
								***************************************		***************************************							
(10)	SUBT	OTALS	105.36	6.00	10.00	18.00	6.00		***************************************	14.00	59	32.45		404.04			
COLUN	IN CO	DE (ACCTG USE ONLY		0.00	, 0.00	10.00	0.00			14.00	29	32.43		191.81			
		TOTAL				·							\$	191.81			
(11) PUF	POSE C	OF TRIP, REMARKS AND DE	TAILS (atta	ach rece	ipts/vouc	hers whe	n require	ed)			(12) NC	RMAL W	ORK HOUF				
		by employee at her own							0800-1700								
7/13: L	7/13: Los Angeles Office - meetings												(13) PRIVATE VEHICLE LICENSE NBR.				
7/15-16: San Jose District Office visit; Oakland District Office visit									. [	6ATW241							
7/20: La	7/20: Los Angeles Office - meetings											(14) MILEAGE RATE CLAIMED					
7/21-22	: Keyn	note presentation, Orang	e Co Lal	oor & e	mploy.	Relatio	ns Ass	ociation	· · · · · · · · · · · · · · · · · · ·			.55					
		eles Office - meetings	·	-							AGEN	CYACC	NTNUO	NG OFFICE			
//6: L	os An	geles Office - me	etings	******************	~~~~	····	W-Waite-					U	SE ONL	<b>7</b> .			
7/10, 17, 24 - Furlough Days  15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance											PAID BY REVOLVING FUND CHECK NBR.						
with DPA	rules in	the service of the State of Cal	ue stateme ifornia. If a	ent of the privatel	: travei ex v owned	(penses i vehicle w	ncurred	by me in a	ccorda	ance							
exceed th	e minimi	um rate, I certify that the cost	of operating	g the ve	hicle was	equal to	or great	er than the	rate	daimed							
and that I	have me	et the requirements as prescri seat belt usage.	bed by SAI	M Sectio	ns 0750,	0751, 07	52, 075	3 and 0754	perta	ining to							
CLAIMAN	TS SIGI	NATURE [	PATE	, (	16) SIGNA	TURE OF	OFFICE	R APPROVII	NG TRA	AVEL AND	PAYME	NT I	DATE .	,			
≥ (1			8/18/8	17	$\geq$ ,							1	- /,	Inc			
471000	.0141 -	ADENOE ALTERIA		1 1	-						nghan.		9/1/	U 7			
1(.)SPE	UIALE	XPENSE AUTHORIZATIO	N-SIGNA	TURE a	and TITL	.E (See	Item 17	on rever	se)	E		İ	DATE				